

A Case Study of Salford’s Unified Approach to Care Navigation in General Practice

Background

The aim of care navigation in general practice is to signpost patients to appropriate local services so that they are able to access the right service to meet their needs in a more timely way, and avoid unnecessary GP appointments.

As part of the GM Primary Care Reform Programme (2017-2020) funding was allocated for primary care in Salford to support workflow optimisation, and this included developing care navigation across primary care. Whilst training was delivered and some local algorithms developed, implementation varied across practices and PCNs. It was therefore difficult to understand potential synergies, barriers and opportunities that might support standardisation and scaleup across primary care in Salford.

The Safer Salford team at Aqua (Advancing Quality Alliance) worked with key stakeholders to gain an understanding of the current state, and to understand and synthesise best practice. The outcome was a co-designed model, supported by key principles, that would support the implementation of a change package and enable a standardised approach to care navigation in primary care in Salford.

Aim

To gain clarity on the delivery of the essential care navigation process described in the [Health Education England Care Navigation Framework](#) across Salford, synthesise best practice within Salford and elsewhere, and describe what good looks like and how to achieve it, including success measures.

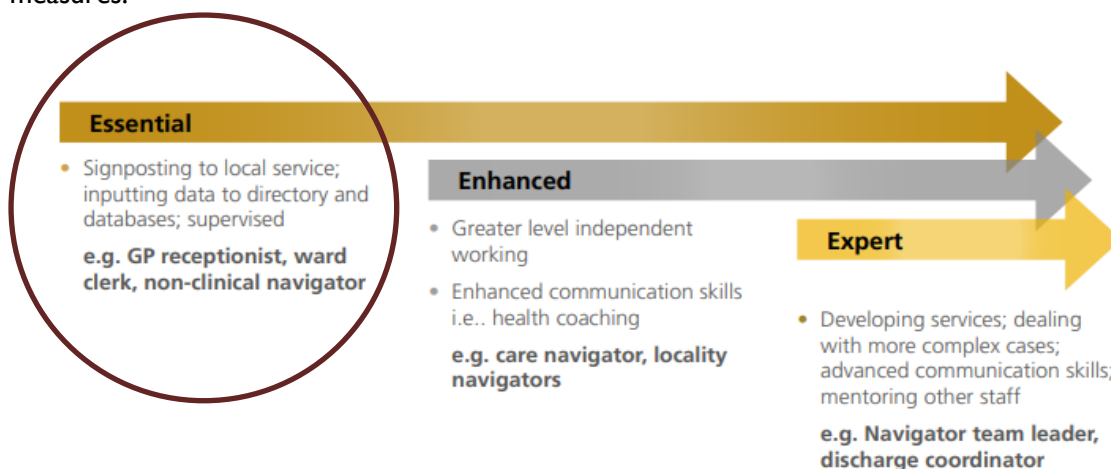
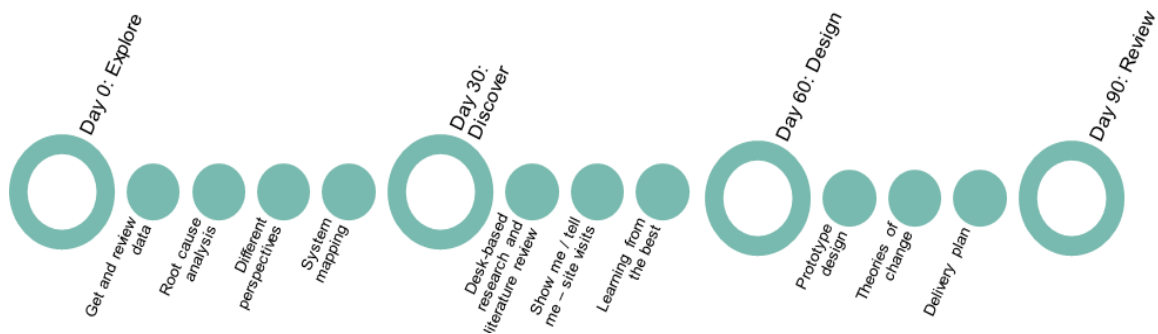


Figure 5. Overview of the tiered competency framework; essential, enhanced and expert levels with competencies

Approach

Utilise the Innovation Cycle approach to explore, discover, design and review; practices, key relationships, and service offers at the first point of contact (the GP front door).



Engagement

The Aqua Safer Salford team worked with local stakeholders including: the Health Improvement Service, Community and Voluntary Services, GP practices, Primary Care Networks, Salford CCG (now part of GMICS), Salford Primary Care Together, Pharmacy, and Mental Health Services through 1-2-1 virtual meetings and system-level workshops to obtain information about local care navigation practices across the locality.

The explore phase in February 2022 was the first opportunity to engage the stakeholders for background information on their care navigation processes and gain initial insight into the varied approach across the patch. The synthesis of the initial engagement output and background research formed the basis for the 'Discover' workshop.

The discover workshop provided a space for the participants to review progress and work in small groups to explore key issues and design considerations from the perspective of lived experience (patients and workforce). The session provided the key principles to consider for implementation and joint purpose, however, sufficient Salford specific information for the overall model was lacking. As a result, Aqua completed further virtual open sessions in June for more contributions. This provided more information from 3 practices and social prescribing services.

At the design workshop, which took place in July 2022, the system partners built on previous outputs to design a matrix for the delivery of the unified model. The matrix covered 3 key points of contact for access via the GP practice: Self-help (Pre-contact with GP practice), Point of First Contact with the practice, and Specialist Contact (senior navigation roles e.g. link workers).

Aqua drafted the unified model following further analysis and synthesis of the current state processes. The model (supported by the matrix, key principles, and working with a joint purpose) enabled the formulation of an implementable improvement plan and change package.

Findings

Similarities

- Care navigation takes place in all practices, although not necessarily through a designated care navigator role
- Common purpose of navigation is to support people contacting the GP for support (not always medical support)
- All practices have access through Footfall (IT) portal, incoming calls and walk-ins
- The front door process is picked up by the admin teams: receptionist, secretary, and sometimes triage
- The process is not automated

Differences

- Practices do not all use the same electronic patient records system, which could pose a problem to standardisation of the process and data
- Some areas are more advanced in offers, also covering the 2nd Tier of the HEE care navigation framework
- Some areas have designated care navigation roles and others have ARRS staff onsite making it easier for the admin team to access the expertise to support patients calls

Challenges

- There is no set care navigation training or recognised qualifications
- Some patients would prefer a GP appointment
- Offers to callers are limited to what staff are aware of (more experienced staff might be aware of more options to offer to callers, admin staff turnover impacts on delivery)
- Practices do not have access to lists of wider support services; this is particularly important because of the rapid changes in the offers available to signpost to. A central system would have to be active and accurate every time.
- Offers vary across the PCNs

Advantages

- Skills, knowledge and relationships exist in the system
- System partners are keen to make care navigation work well through more regular engagement and visibility to GP practices and front-line staff
- The process is sometimes easier where there is an existing relationship with the patient due to frequent contact and knowledge of the patient's history
- Existence of safety netting and an escalation process to assure non-clinical staff can be replicated at other sites
- The lists of services folder at the receptions can be used to build a more comprehensive catalogue with potential to indicate system offers and PCN-specific offers

Key Output

The participants co-developed the definition of Care Navigation as:
A principle that should underpin patients care and support for active signposting to the relevant health, care and support they need. It's not necessarily an individual role.

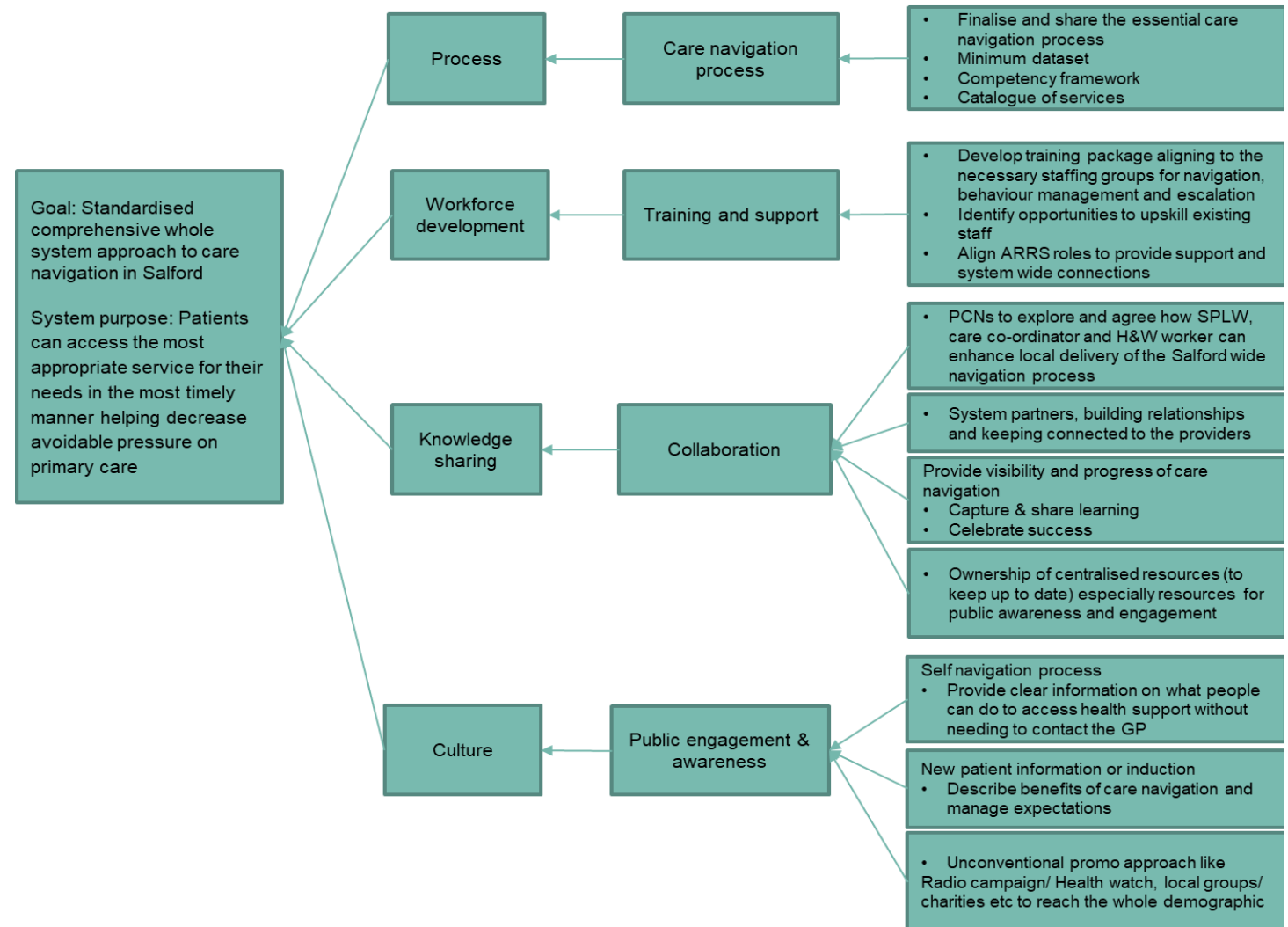
The Salford goals for care navigation:

- Patients can access the most appropriate service for their needs in the timeliest manner - eliminating duplicated/ hidden work and decrease unnecessary pressure and workload on services.
- Standardised comprehensive whole system approach to care navigation in Salford.
- General practices will become more efficient in managing their workloads, reducing referrals to lots of different services at the same time, and streamlining to the most appropriate one at first contact (most of the time).

Next steps

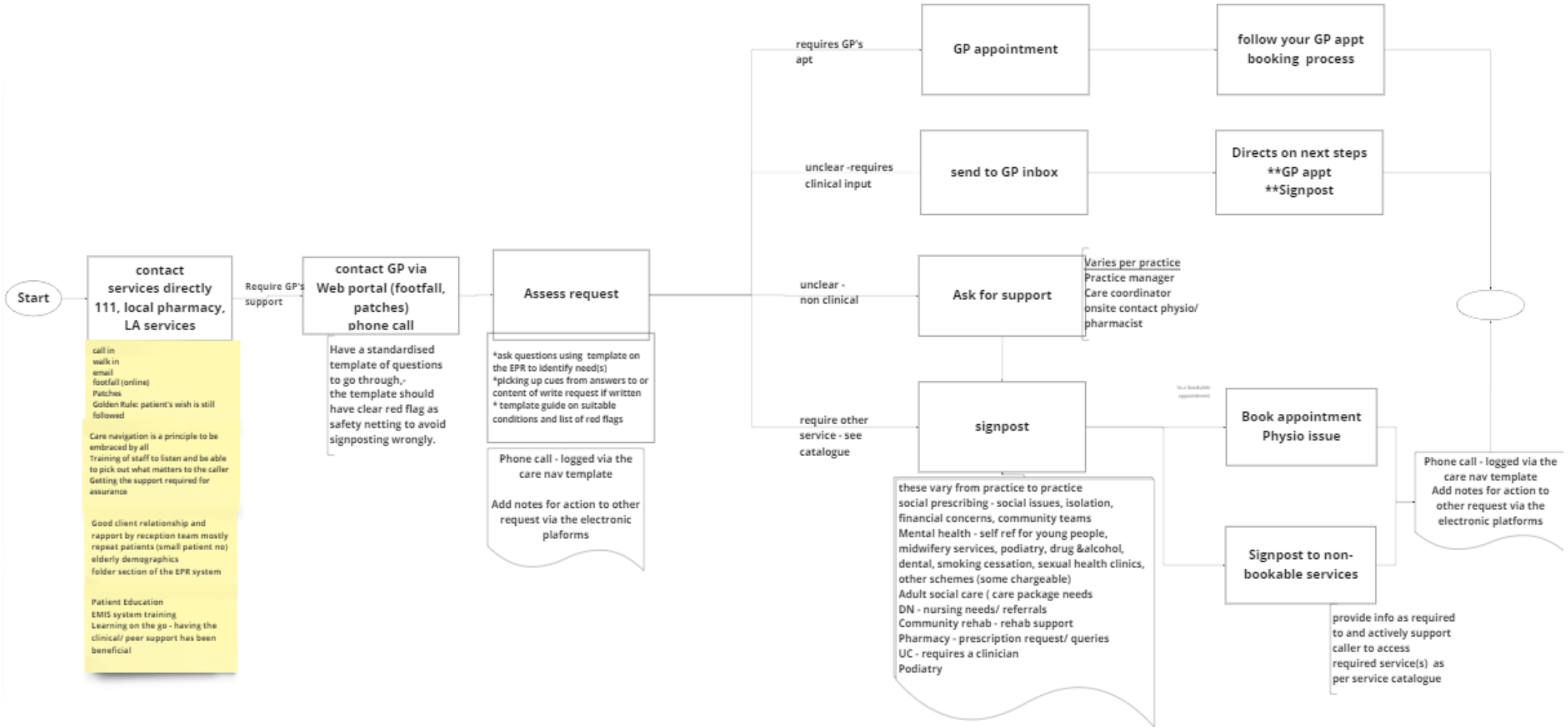
- Utilise data to redefine goals into outcome and process measures.
- Implementation of the new model through a localised change package
- More lived experience involvement

A co-designed, clear and implementable plan (see driver diagram) for the Salford system to ensure essential minimum care navigation standards.



Key Output

Model Overview



REFERENCES

Health Education England Care Navigation Framework: [Care Navigation Competency Framework_Final.pdf](#) (hee.nhs.uk)

Care navigators help support patients get to the right service faster:

<https://www.england.nhs.uk/north/care-navigators-help-support-patients-get-to-the-right-service-faster/#:~:text=Care%20navigation%20allows%20front%20line,appointment%20when%20they%20need%20one>.

Care navigation role development: <https://www.skillsforcare.org.uk/Documents/Topics/Kent-Surrey-and-Sussex-role-development-network/Care-navigation-role.pdf>

Readiness toolkit: <https://ihub.scot/media/6295/20190613-readiness-tool.pdf>

Care navigation toolkit: <https://ihub.scot/project-toolkits/care-navigation-toolkit/care-navigation-toolkit/>

Active Signposting and Care Navigation The Reception Plus Programme:

<https://dnainsight.co.uk/wp-content/uploads/2018/09/DNA-Insight-Active-Signposting-and-Care-Navigation-Brochure.pdf>

FURTHER INFORMATION



This case study has been produced by the Aqua – Safer Salford team in conjunction with GMICS Salford Locality leads.

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